

2-28-02

A



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No: 29264/38278



CONTINUING APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

**Box Patent Application
Commissioner for Patents
Washington, D.C. 20231**

Sir:

This is a request under 37 CFR 1.53 for filing a

- ☒ continuation application.
☐ divisional application.

1. Particulars of Prior Application

Application Serial No: 09/649,643
Filed on: August 29, 2000
Title: Methods for Preventing Pressure Induced Apoptotic
Neural Cell Death
Art Unit: 1614
Examiner: William R. Jarvis
Prior Docket No.: 29264/36681

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Continuing Application Transmittal Under 37 CFR 1.53(b) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **February 27, 2002**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EL 564 461 159 US.


Richard Zimmermann

2. This request is filed by:

1. Full Name of Inventor	Family Name Coroneo	First Given Name Minas	Second Given Name Theodore
Residence & Citizenship	City Randwick, New South Wales	State or Foreign Country Australia	Country of Citizenship Australia
Post Office Address	Post Office Address 2 St. Paul's Street	City Randwick, New South Wales	State & Zip Code/Country Randwick, New South Wales, Australia 2031

2. Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

3. Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

3. Amendments

- ☒ Amend the specification by inserting before the first line the sentence:
--This is a **continuation** of U.S. application Serial No. 09/649,643, filed August 29, 2000.--
- ☐ Cancel claims _____ in the prior application before calculating the filing fee.
- ☐ A Preliminary Amendment is enclosed.
- ☒ The filing fee is based upon entry of the foregoing amendment(s) (if any).

4. Copy of Prior Application

The enclosed is a copy of the prior complete application, including the specification (with claims), drawings, the oath or declaration, and any amendments referred to in the oath or declaration filed to complete the prior application.

5. Incorporation By Reference

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under paragraph 4, above, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. Priority

- ☐ Priority of application No. _____, filed on _____ in _____ is claimed under 35 USC 119.
- ☐ The certified copy(ies) was(were) filed in prior U.S. application Serial No. _____.
- ☐ The certified copy(ies) has(have) not been filed.

7. Assignment

- ☐ The prior application is assigned of record to _____, and has been recorded at Reel No. _____, Frame No. _____.

8. Small Entity Status

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A small entity statement is(are) attached.

9. **Application to Be Published**

- ☒ Yes.
- ☐ No. A Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) is attached.

10. **Fee Calculation**

CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$370.00		\$740.00
TOTAL	8 -20	= 0	X 9 =	\$	X 18 =	\$
INDEP.	8 - 3	= 5	X 42 =	\$210.00	X 84 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			+ 140 =	\$	+ 280 =	\$
Filing Fee:				\$580.00	OR	\$

11. **Method of Payment of Fees**

- ☐ Attached is a check in the amount of: \$ _____
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.
- ☒ Not enclosed.

12. **Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

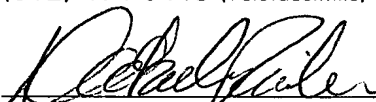
13. Correspondence Address

Customer No.: 04743

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6357
(312) 474-6300
(312) 474-0448 (Telefacsimile)

By:


Nabeela R. McMillian
Reg. No: 43,363

February 27, 2002

2002-02-27 14:00:00